

Michelle Lujan Grisham, Governor Kari Armijo, Acting Secretary Alex Castillo Smith, Deputy Secretary Kathy Slater Huff, Acting Deputy Secretary Lorelei Kellogg, Acting Medicaid Director

DEPARTMENTAL MEMORANDUM MAD-MR: 23-01 DATE: March 28, 2023

TO: ISD AND MAD STAFF

FROM: LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

### THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: JOSEPH MIRABAL, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

### SUBJECT: APRIL 2023 FPL UPDATE - MAD 222 AND MAD 029

### **GENERAL INFORMATION**

The MAD 222 AFFORDABLE CARE MEDICAID PROGRAMS and the MAD 029 AGED, BLIND, AND DISABLED MEDICAID forms have been updated to reflect 2023 Federal Poverty Level Guidelines effective April 1, 2023.

Please update the Forms Manual Index and insert copies of the revised MAD 222 and MAD 029 forms in the manual.

### FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Eligibility Manual:

DELETE MAD 222 dated 4-1-22 INSERT MAD 222 dated 4-1-23 DELETE MAD 029 dated 4-1-22 INSERT MAD 029 dated 4-1-23

Please address any questions regarding this MR to Joseph Mirabal at joseph.mirabal@hsd.nm.gov or (505) 709-5408.

Attachments: MAD 222 MAD 029



# Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/23 – 3/31/24

Category 029 - Family Planning						Category 031 – Newborn Medicaid						
<ul> <li>Category 029 - Family Planning</li> <li>Covers Family Planning Services Only</li> <li>Income must be under 250% FPL</li> <li>No Centennial Care Organization (MCO)</li> <li>No other health insurance</li> <li>Coverage up to age 51</li> <li>Individuals who are under the age of 65, who only have Medicare coverage and no other health insurance</li> </ul>						<ul> <li>Offers 13 months of full Medicaid beginning the first day of th birth month if:</li> <li>The newborn is born to a mother receiving New Mexico Medicaid at the time of birth (including retro-active Medicaid and EMSNC)</li> <li>A Notification of Birth (NOB) MAD 313 form may act as an application, if submitted to HSD by the Medical service provider where the birth occurred proving citizenship</li> <li>The infant continues to reside in New Mexico</li> </ul>						
Category 100 - Other Adults						Category 200 - Parent Caretaker						
<ul> <li>Alternative Benefit Package</li> <li>Income must be under 133% FPL</li> <li>No Medicare or Medicare entitlement on this category</li> <li>No Pregnancy at new application</li> </ul>						<ul> <li>Full Medicaid</li> <li>Income must be under the Fixed Standard</li> <li>Household must have a relative child in the home under the age of 18 (5<sup>th</sup> degree of relation if not the</li> </ul>						
Category 300 - Full Pregnant Woman						parent) Category 301 - Pregnancy Services Only						
<ul> <li>Full Medicaid</li> <li>Income must be under the Fixed Standard</li> <li>12 months post-partum period</li> </ul> Categories 400, 401, 402, 403 - Children's Medicaid <ul> <li>Full Medicaid for children up to age 19</li> <li>Eligible even if children have other health insurance or have voluntarily dropped insurance</li> <li>Income must be under the following FPL: <ul> <li>400 Children 0 - 5 — 0% - 200%</li> <li>401 Children 6 - 18 — 0% - 138%</li> <li>403 Children 6 - 18 — 138% - 190%</li> </ul> </li> </ul>					<ul> <li>Pregnancy Services only (considered FullMedicaid)</li> <li>Income must be under 250% FPL</li> <li>12 months post-partum period</li> </ul> Categories 420, 421 - Children's Health Insurance Program (CHIP) <ul> <li>Full Medicaid for children up to age 19</li> <li>No other health insurance</li> <li>No co-payments</li> <li>Income must be under the following FPL:</li> <ul> <li>420 Children 0 - 5 — 240% - 300%</li> <li>421 Children 6 - 18 - 190% - 240%</li> </ul></ul>							
Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable	
1	\$451	\$1,215	\$1,616	\$1,677	\$2,309	\$2,430	\$2,856	\$2,916	\$3,038	\$3,645	\$61	
2	\$608	\$1,644	\$2,186	\$2,268	\$3,123	\$3,287	\$3,862	\$3,944	\$4,109	\$4,930	\$82	
3	\$765	\$2,072		\$2,859	\$3,937	\$4,144	\$4,869	\$4,972	\$5,180	\$6,215	\$104	
4	\$923	\$2,500		\$3,450	\$4,750	\$5,000	\$5,875	\$6,000	\$6,250	\$7,500	\$125	
5	\$1,080	\$2,929		\$4,042	\$5,564	\$5,857	\$6,882	\$7,028	\$7,321	\$8,785	\$146	
(	\$1,238	\$3,357	\$4,465	\$4,633	\$6,378	\$6,714	\$7,889	\$8,056 \$9,084	\$8,392	\$10,070	\$168 \$189	
6		A2 705			N 7 1077			KU HX/I	NU /163	NII 255	NIXU	
6 7 8	\$1,395 \$1,553	\$3,785 \$4,214		\$5,224 \$5,815	\$7,192 \$8,006	\$7,570 \$8,427	\$8,895 \$9,902	\$10,112	\$9,463 \$10,534	\$11,355 \$12,640	\$211	

• COE 402, 403, the 5% FPL disregard applies only when other health insurance exists for the applicant

• COE 200, the 5% FPL disregard applies only if age 65 and above <u>**OR**</u> Medicare eligible

• No resource standard for MAGI Medicaid categories



## AGED, BLIND AND DISABLED

### **MEDICAID PROGRAMS**

#### FEDERAL POVERTY LEVELS

				sions, WDI, and IC/ Effective: 1/1/2023	Waivers				
<ul> <li>SSI Extensions- DAC, Widower, 503</li> <li>Lead/Pickle</li> <li>Income must be below SSI FBR once disregards are deducted</li> <li>FBR for SSI recipient <ul> <li>Individual \$914</li> <li>Couple \$1,371</li> </ul> </li> <li>Resources below <ul> <li>Individual \$2,000</li> <li>Couple \$3,000</li> </ul> </li> <li>Full coverage Medicaid category</li> </ul>			<ul> <li>WDI-Working Disabled</li> <li>Earned income up to 250% FPL for a single and couple</li> <li>Unearned income before disregards and deductions <ul> <li>Single \$1,847</li> <li>Couple \$2,761</li> </ul> </li> <li>Quarterly Earnings \$1,640</li> <li>Full coverage Medicaid</li> <li>Must be working and disabled</li> <li>Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU</li> </ul>			<ul> <li>IC/Waiver</li> <li>Income standard \$2,742</li> <li>Net income for IDTs \$2,741</li> <li>Resource Limit \$2,000</li> <li>Average cost of nursing facility \$8,275</li> <li>MMMNA \$2,289 (7/1/22)</li> <li>Excess shelter Max \$1,427 Min \$687 (7/22)</li> <li>MMMNA + Excess Shelter = \$3,716</li> <li>CSRA-Fed Max \$148,620</li> <li>CSRA-State Min \$31,290</li> <li>Personal Needs Allowance \$83 (7/22)</li> <li>Trustee Fee 3% net income standard-\$82.23</li> <li>Excess Home Equity for LTC Services-\$688,000</li> </ul>			
			Fede	icare Savings Progra eral Poverty Level (Fl etive: 4/1/2023-3/31/2	PL)				
<ul> <li>Income u</li> <li>Will pay</li> <li>Eligibilit month of</li> <li>No retroat</li> <li>Covers:</li> <li>Medicare (2023)</li> <li>Medicare</li> <li>Medicare</li> <li>Medicare</li> <li>Medicare</li> <li>Medicare</li> <li>202</li> <li>202</li> <li>202</li> </ul>	<ul> <li>Income up to 100% FPL</li> <li>Will pay conditional Part A premium</li> <li>Eligibility begins the month after the month of approval</li> <li>No retroactive months</li> <li>Covers:</li> <li>Medicare PT B Premium-\$164.90 (2023)</li> <li>Medicare PT A Premium \$506 (2023)</li> <li>Medicare Co-pay amounts</li> <li>Medicare deductibles: <ul> <li>2023 Hospital \$1,600</li> <li>2023 Doctor \$226</li> </ul> </li> </ul>			ified Low Income Medicare ficiary (SLIMB) ncome 100%-120% FPL Vill NOT pay Conditional PT A Eligibility begins the month of approval Jp to 3 months of retroactive coverage ers: Medicare PT B Premium Only! No ther benefit coverage No Medicaid card is issued Deemed LIS eligible for Medicare Part D			<ul> <li>Qualified Individuals (Q1-1)</li> <li>Income 120%-135% FPL</li> <li>Will NOT pay for Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> <li>Covers:</li> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card issued</li> <li>Deemed LIS eligible for Medicare Part D</li> </ul>		
	HOUSEHOLD SIZE		0%	120%	135%		250%		
	1		15.00	\$1,458.00	\$1,641.0		\$3,038.00		
	2		44.00	\$1,972.00	\$2,219.0		\$4,109.00		

1	\$1,215.00	\$1,458.00	\$1,641.00	\$3,038.00
2	\$1,644.00	\$1,972.00	\$2,219.00	\$4,109.00
3	\$2,072.00	\$2,486.00	\$2,797.00	\$5,180.00
4	\$2,500.00	\$3,000.00	\$3,375.00	\$6,250.00
5	\$2,929.00	\$3,514.00	\$3,954.00	\$7,321.00
6	\$3,357.00	\$4,028.00	\$4,532.00	\$8,392.00
7	\$3,785.00	\$4,542.00	\$5,110.00	\$9,463.00
8	\$4,214.00	\$5,056.00	\$5,688.00	\$10,534.00
+1	\$429	\$514	\$578	\$1,071

2023 Federal Cost of Living Adjustment is 8.7%

\*Resource Guidelines no longer apply to MSP Categories (QMB/SLIMB/QI1)